

New Users

GWA SYSTEM ENROLLMENT FORM – EXTERNAL USER

USER ORGANIZATION/AGENCY INFORMATION: (Please Type or Print Clearly)

Organization/Agency Name: _____
(Gov't, Agency, or Contractor Name)

Address Line 1: _____
Address Line 2: _____
City: _____ State _____ Zip Code _____

USER INFORMATION

User's Name: _____
User's Internet Business E-mail address: _____
User's Business Phone No: _____ Room No: _____ Fax No: _____
TWAUUPS User ID: _____

Supervisor's Name: _____
Supervisor's Business E-mail address: _____
Supervisor's Business Phone No: _____ Room No: _____ Fax No: _____

ACCESS REQUESTED

- ☐ New Request ☐ Add Application(s) ☐ Add Role(s)
☐ Revoke Access ☐ Remove Application(s) ☐ Remove Role(s)

Reason to Revoke Access, Remove Application(s), or Remove Role(s)

- ☐ Retired ☐ Transfer ☐ Name Change
☐ Terminated ☐ Misuse

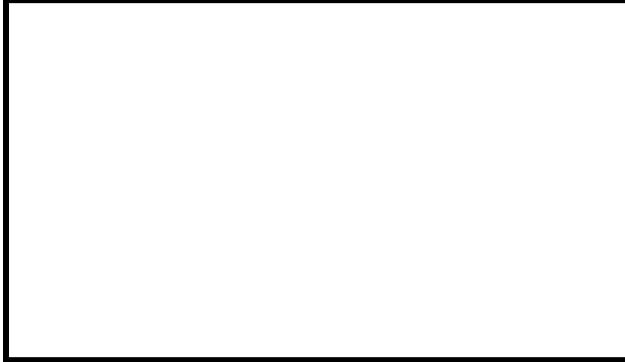
Module(s) and Role(s)

- ☐ Account Statement ☐ CAFE
☐ Agency Reviewer ☐ GWA Coord
☐ Government Reviewer ☐ Source System Admin
☐ FMS Reviewer
☐ TWAI User Provisioning
☐ User ☐ Certifying Supervisor (CS)

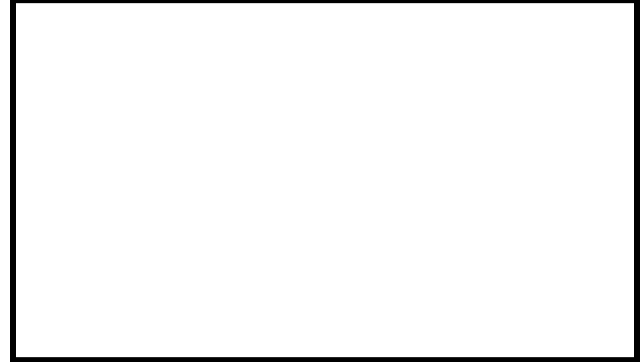
New Users

GWA ENROLLMENT FORM – EXTERNAL USERS (con't)

ALCs Listing (For Account Statement Only)



Access group (FMS Use Only)



*Please enter ALCs you need access to in the space provided.
If there is insufficient space, please attach the list.*

USER'S SUPERVISOR SIGNATURE : _____ DATE: _____

COTR SIGNATURE (if applicable) : _____ DATE: _____

APPLICATION SPONSORS : _____ DATE: _____
Account Statement

: _____ DATE: _____
TWAI User Provisioning

: _____ DATE: _____
CAFE

This form is in compliance with the Privacy Act of 1974 (Section 552a, 5 U.S.C.), Section 301, 5 U.S.C., Section 3105, 44 U.S.C., 18 U.S.C. 3056, and the Treasury Departmental Offices Directive DO 216. The information you provide on this form will be used principally to aid in the completion of your access request to Financial Management Service (FMS) systems. All or part of this information may be furnished to Federal, State, local and public agencies in the event a violation of law is disclosed. Completion of this form is voluntary; however, failure to complete the form requested will result in no consideration for access to FMS systems. Although no penalties are authorized if you do not provide the requested information, failure to supply information will result in your not receiving access to FMS systems.